



## ARIZONA COLLABORATIVE INITIATIVES FOR SERVING CHILDREN AND FAMILIES

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### Participating

#### ***Arizona Health Care Cost Containment System***

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#### ***Arizona Department of Education***

Steve Mishlove, Director of Exceptional  
Student Services

#### ***Arizona Department of Economic Security***

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#### ***Arizona Department of Health Services***

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#### ***Medical Professional Associates of Arizona***

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### Where do I get More Information?

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### ARIZONA VISION

In collaboration with the child, family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child and family's cultural heritage.

### SUMMARY OF PRINCIPLES

- Collaboration with the child and family is essential. Parents and children are treated as partners in all stages of service delivery.
- Behavioral health services are designed and implemented to aid children to be successful in school, live with their families, avoid delinquency and become stable and productive adults.
- Children with multi-system involvement will have a jointly established child/family centered service plan.
- Children will have access to a wide array of behavioral health services, which will be adapted or created when not available.
- Behavioral health services are provided according to best practices and are continually evaluated and modified to achieve desired outcomes.
- Children are provided services in their home and community to the extent possible.
- Children identified as needing behavioral health services are assessed and served promptly.
- Services are tailored to the child and family with their unique strengths and needs driving the service array provided.
- Behavioral health services strive to minimize multiple placements and prevent crisis situations.
- Behavioral health services are provided in a manner that respects the cultural tradition of the child and family.
- Behavioral health services include support and training for both parents and children to gain independence.
- Natural supports will be used from the family's own community network including friends, neighbors, and organizations.

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## **ARIZONA INITIATIVES**

### **The Executive Committee**

Over the past month, the Children's Executive Committee drafted a new Memorandum of Understanding (MOU) for the child-serving state agencies that is being routed for signatures. This MOU advances and commits to practice the integration of the 12 Principles of care and identifies strategies for continued collaborative service planning and development throughout the state.

### **300 Kids/Flex Funds**

The 300 Kids pilot sites in Maricopa County and in northern Arizona are now serving 150 children and their families with highly individualized, strengths-based planning and support through Child and Family Teams.

Substantive steps are underway to integrate two other initiatives -- the Interagency Case Management Project (ICMP) in Maricopa County, and Project MATCH in Pima County -- into the practice model being used by the 300 Kids Project.

### **VanDenBerg Training**

Almost 100 behavioral health clinicians and case managers, including some from related child-serving agencies, are nearing completion of intensive training and coaching in the AZ Practice Model according to the 12 Arizona Principles under ADHS contract with Vroon VanDenBerg (VVDB), LLP. These practitioners are learning to use a highly individualized, strengths-based process for planning and support through child and family teams.

Approximately 1,475 individuals have participated in various Vroon VanDenBerg, LLP training events in Arizona since May 2001. In January, VVDB and ADHS added Supervisor-level training and coaching. Focus on Supervisors is designed not only to promote the development of new skills required by family-centered, collaborative work, but also to improve the system of care and practice by frontline workers, to promote strengths-based supervision and to help supervisors assess and maximize their impact on the system of care and practice improvement.

### **Out of State Placements**

An Out-of-State Review Team was established to review the children currently placed out of state, determine what resources are needed in Arizona to support their treatment needs, and to begin transitioning them back. To date, 19 children have been reviewed. Ten of the 19 children will become integrated into the 200 Kids Project to work on transitioning strategies. The remainder will move into either the adult behavioral health system or alternative resources within the State. Ongoing collaborative efforts will continue in each region. In addition, a sample group of children who have already returned to AZ. are being studied to determine the effectiveness of treatment, transition plans and collaboration among state agencies.

### **Respite**

Development of respite services capacity is well underway throughout the state. Services in Pima and Northern AZ counties are delivered principally out of therapeutic foster care homes. In Maricopa and Yuma counties, day programs offer the majority of services. Southern AZ is working with the Community Respite Care Network, a group of stakeholders committed to the development of a full continuum of respite services. Case managers and therapists have been oriented to the benefits of and the process for securing respite services in their respective RBHAs. To date more than 250 youth and their families have received respite care.

### **Conferences**

On June 5 & 6, 2002, DES and ADHS will co-sponsor the Family Centered Practice Conference in Phoenix. The Division of Developmental Disabilities will also participate, offering experts in the field as presenters. Keynote speakers will include In Soo Kim, speaking on Solution Focused Therapy and John Van Den Berg who will discuss wrap-around philosophy in conjunction with the Arizona Practice Model.

### **Substance Abuse**

Beginning in the Fall, 2001, a workgroup of all child-serving state agencies, providers, family members and advocates began developing an action plan to increase substance abuse service capacity for serving children. Since January of 2002, Community Forums have taken place all over the state to determine needs, to identify barriers to accessing services and to cultivate a community-focused planning approach to bridging the gaps. Each RBHA is developing regional action plans. ADHS is drafting Treatment Planning Guidelines that will be released in April 2002.

### **Medical Director**

ADHS has hired an Associate Medical Director, Dr. Ray Lederman, who began convening a workgroup in March to develop best practice guidelines for monitoring medication. The workgroup consists of key medical stakeholders, as well as community and family representation.